2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114426

FILED Apr 06, 2005 Secretary of State

Entity Name: TWIN OAKS SUBDIVISION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1168 E. TENNESSEE ST. TALLAHASSEE, FL 32308 **Current Mailing Address: New Mailing Address:** 1168 E. TENNESSEE ST TALLAHASSEE, FL 32308 FEI Number: 59-3688668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUMMERS, PHILLIP D 1168 E. TENNESSEE ST. US TALLAHASSEE, FL 32308 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SUMMERS, JACK H JR SUMMERS, JACK H JR Name: Name: RT. 3 BOX 61 13280 NW HOECAKE ROAD Address: Address: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: Title: (X) Change () Addition () Delete

 Title:
 V
 () Delete
 Title:
 V
 (X) Change () Addition

 Name:
 CASSEAUX, NINA SUMMERS
 Name:
 CASSEAUX, NINA SUMMERS

 Address:
 RT. 3 BOX 67
 Address:
 13280 NW HOECAKE ROAD

 City-St-Zip:
 BRISTOL, FL 32321
 City-St-Zip:
 BRISTOL, FL 32321

Title: ST () Delete Title: () Change () Addition

 Name:
 SUMMERS, PHILLIP D
 Name:

 Address:
 1168 E. TENNESSEE ST.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP D SUMMERS PRES 04/06/2005